AUTHORIZATION OF PARTICIPANTS

RESOLUTION No. 6
Series 1984

"BE IT RESOLVED by the Governing Board, OR by the Chief Administrative Officer of those organizations which do not have a governing board, and hereby ordered that the official(s) and/or employee(s) whose name(s), title(s), and signature(s) is (are) listed below shall be and is (are) hereby authorized as our representative(s) to acquire federal surplus property from the Oregon State Agency for Surplus Property under the Terms and Conditions listed on the reverse side of this form."

NAME (Print or type)	TITLE	SIGNATURE
Betty J. Hulse	City Recorder	
John Zea	Chief of Police	
Tom Spikes	Supt. of Public Works	

PASSED AND ADOPTED this 10th day of April, 19 84, by the Governing Board of The City of Elgin, Oregon

I, Betty Hulse, *Clerk of the Governing Board of* City of Elgin *do hereby certify that the foregoing is a full, true and correct copy of a resolution adopted by the Board at a* Council *meeting thereof held at its regular place of meeting at the date and by the vote above stated, which resolution is on file in the office of the Board.*

City of Elgin
Name of organization

P.O. Box 128
Mailing address

Elgin (City) Union (County) 97827 (ZIP Code)

[Signed] Ronald They Mayor
(Legally Authorized Official)

OR

AUTHORIZED this 10th day of April, 19 84, by:

Betty Hulse
Name of chief administrative officer

City Recorder
Title

City of Elgin
Name of organization

P.O. Box 128
Mailing address

Elgin (City) Union (County) 97827 (ZIP Code)

[Signed]
(Legally Authorized Official)

ASSURANCE OF COMPLIANCE WITH GSA REGULATIONS UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 606 OF TITLE VI OF THE FEDERAL PROPERTY AND ADMINISTRATIVE SERVICES ACT OF 1949, AS AMENDED, AND SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED

City of Elgin, (hereinafter called the "donee"),
(Name of donee organization)

HEREBY AGREES THAT the program for or in connection with which any property is donated to the donee will be conducted in compliance with, and the donee will comply with and will require any other person (any legal entity) who through contractual or other arrangements with the donee is authorized to provide services or benefits under said program to comply with, all requirements imposed by or pursuant to the regulations of the General Services Administration (41 CFR 101-6.2) issued under the provisions of Title VI of the Civil Rights Act of 1964, Section 606 of Title VI of the Federal Property and Administrative Services Act of 1949, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended, to the end that no person in the United States shall on the ground of race, color, national origin, or sex, or that no otherwise qualified handicapped person shall solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the donee received Federal assistance from the General Services Administration; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

The donee further agrees that this agreement shall be subject in all respects to the provisions of said regulations; that this agreement shall obligate the donee for the period during which it retains ownership or possession of any such property; that the United States shall have the right to seek judicial enforcement of this agreement; and, this agreement shall be binding upon any successor in interest of the donee and the word "donee" as used herein includes any such successor in interest.

Dated April 10, 1984

City of Elgin
Donee Organization

BY Russell Hug (Mayor)
(President/Chairman of the Board
or comparable authorized official)

City of Elgin

P.O. Box 128

Elgin, Oregon 97827
Donee Mailing Address

APPLICATION FOR ELIGIBILITY
FEDERAL PROPERTY UTILIZATION PROGRAM
UNDER P.L. 94-519

Legal Name of Applicant: City of Elgin

Mailing Address: P.O. Box 128, Elgin, Or. Zip Code 97827

Location: Elgin County Union

1. Application is made: a. X as a Public Agency Phone (503) 437-2253
   b. _____ as a Nonprofit Educational or Public Health Institution (attach copy of Tax-exempt determination under Section 501 of the Internal Revenue Code of 1954)

2. Applicant is a: (See definitions)

   a. _____ State Agency
   b. X Local Government
   c. _____ School
   d. _____ College
   e. _____ University
   f. _____ School for the Mentally Retarded
   g. _____ School for the Physically Handicapped
   h. _____ Educational Radio Station
   i. _____ Educational TV Station
   j. _____ Library
   k. _____ Museum
   l. _____ Child Care Center
   m. _____ Hospital
   n. _____ Health Center
   o. _____ Clinic
   p. _____ Other (Specify): _____

3. Source of funds: a. X Taxes or Public Funds b. _____ Grants and/or Contributions
   c. _____ Other (Describe) _____

4. Applicant is: a. _____ Accredited b. _____ Approved c. _____ Licensed
   (Attach documentary evidence substantiating Approval or Licensing)

5. When not obvious from institution's name, attach a narrative to provide:
   a. If a **Public Agency,** details of public program functions, activities, and/or facilities.
   b. If **Nonprofit Educational,** details to include grades taught, enrollment, length of school day, weeks, and year; number and qualifications of full-time and part-time staff, and facilities operated or programs conducted.
   c. **If Nonprofit Public Health,** details of services offered, number of beds where applicable, number of resident physicians, number of registered nurses, other professional staff, and facilities operated, or programs conducted.

Date April 11, 1984

Signed Betty Huber

Title City Recorder
(Legally Authorized Official)

Attachments: (As required)

1. _____ Assurance of Compliance with Nondiscrimination
2. _____ Authorization of participants
3. _____ Narrative program description (if required)
4. _____ IRS determination (if nonprofit under Section 501 of IRS Code)
5. _____ Evidence of approval, accreditation or licensing (if required)

FOR STATE AGENCY USE

1. Applicant is approved as a: _____ Public Agency
   _____ Nonprofit Educational Institution
   _____ Nonprofit Public Health Institution

2. Applicant is not approved _____ Comment: _____

Date _____

_____
State Agency Approving Officer